

# EARLY VOTING BALLOT TRANSPORT STATEMENT

~This form is to be completed each time the ballot box seal is broken for ballot transport~

**At Location**

**Election Type:** General Election

**Election Date:** 11/08/2022

**Name of Location:** LITCHFIELD SCHOOL DIST SUPPORT SERVICES BLDG #15578 **Arrival Time:** 12:20

**Were there ballots to be picked up?**

☒ **YES** <If YES, complete lines 1-7

☐ **NO** <If NO, complete lines 1-7

**Spoils picked up?**

☒ **YES** ☐ **NONE**

**Completed Forms picked up?**

☐ **YES** ☒ **NONE**

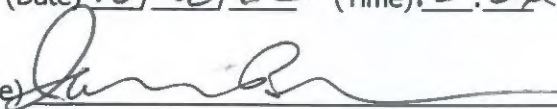
**1) Blue Drop Box Seals #** IS22020417 & IS22020418 Indicate the seal numbers that were taken off on blue drop box

**2) Blue Drop Box Seals #** IS22019057 & IS22019058 <Indicate the seal numbers that were placed on blue drop box

**3) Red Box Seals #** IS22019055 & IS22019056 <Indicate the seal numbers that were placed on ballot transport box

**4) Ballot Box Sealed/Checked on (Date)** 10/28/22 **(Time)** 12:26 <Date and time box was sealed/checked

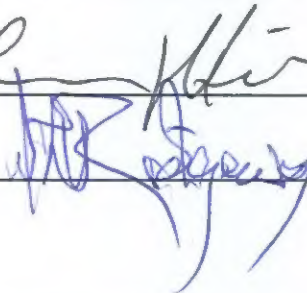
**5) Location Staff Member (Signature)**



**6) Transport Staff Member (Signature)**



**7) Transport Staff Member (Signature)**



**Departure Time:** 12:27

## Transport Receipt

This portion to be completed by the Receiving Agent at the MCTEC Facility

**Receiving Agent (Signature)**

Sign to acknowledge receipt from Transport Staff Member

**Date/Time:**

Date of Audit Match

**Ballot Box Seals #**

**&**

<If applicable, verify the seal numbers on the box match the above from location

**Blue Drop Box Seals #**

**&**

<Indicate the seal numbers that were broken from blue drop box

**Count of Ballots in Transport Bin #**

18

**Audit Agent (Signature)**

Sign to affirm seal #'s match or that no ballots were to be picked up

**Date/Time:**

Date of Audit Match

